



PS281. Lifetime suicidal ideation and attempt in community adults with full major depressive disorder versus only sustained depressed mood

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women with bipolar disorder based on observations that testosterone may affect mood and suicidality. We examined whether testosterone is related to the course of illness at baseline and whether blood testosterone levels predict suicide attempts on follow-up.

Methods: Females with a DSM-IV diagnosis of a bipolar disorder in a depressive or mixed episode with at least one past suicide attempt were enrolled. We limited this study to previous suicide attempters in order to have a higher risk group for suicide attempt on follow-up and thus sufficient power to allow detection of a relationship to testosterone and clinical variables. Demographic and clinical parameters were assessed and recorded. Plasma testosterone was assayed using a double antibody radioimmunoassay procedure. Patients were followed up prospectively for up to 2.5 years. The SPSS 19 statistical program was used to perform statistical analyses.

Results: At baseline, testosterone levels positively correlated with the number of past major depressive episodes ($r=0.353$, $p=0.014$) and suicide attempts ($r=0.408$, $p=0.003$) but negatively with the Reasons for Living Scale scores ($r=-0.373$, $p=0.014$). We did not find a correlation between testosterone levels and Brown Goodwin lifetime aggression scale scores ($r=0.126$, $p=0.395$), the number of manic episodes ($r=0.077$, $p=0.605$), current severity of suicide ideation ($r=0.133$, $p=0.425$), depression ($r=0.027$, $p=0.850$) or hopelessness ($r<0.001$, $p=0.997$). The Cox proportional hazards regression analysis demonstrated that higher baseline testosterone levels predicted suicide attempts during the follow up period: HR=169, Wald=6.575, df=1, $p=0.01$, which means an increase in the testosterone level by 0.1 ng/ml (10 ng/dl) increases the probability of suicide attempt 16.9 times.

Discussion: This prospective study shows that testosterone levels may predict suicide attempts in women with bipolar illness. The results of this study also suggest that testosterone levels may be related to the course of bipolar disorder. Our results are consistent with observations suggesting that testosterone influences mood and behavior in females. For example, an association between blood or saliva testosterone levels and depressive symptoms in women was observed by several research groups. Possibly, depression mediates the relation between testosterone and suicidality.

PS279

Completed suicides in 20 years in Lima

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Abstract

Objective: Study socio demographic profile of complete suicides in patients seen in an Mental Health Institution along last 20 years in Lima.

Method: Use of Psychological Autopsy Protocol, review of Clinical History, relatives and friends's testimonies, newspaper notes and Internet and social net information.

Summary Of Results: They were reported 38 patients with completed suicide: 19 male (50 %), 19 female (50 %), age rank from 18 to 82 y.o. Most prevalent age was 18 to 33 y.o: 52.6 %. Almost 40 % were single, and separated 31.5 %; 44.7 % with secondary school level, being student 31.5 %. The principal diagnosis was Major Depression: 57.9 %, the first motivation was sentimental or conjugal conflict: 34.2 %, the two major lethal methods were hanging: 52.6 % and jumping: 18.4 %. Suicide patients were in treatment at least 1 to 5 years: 44.7 %, and recorded more than 3 previous suicide attempt: 52.6 %. At least 52.6 % was hospitalized

once. A final letter or note was found in 44.7 %, and 55.3 % of them verbalized suicide intention to their Physician.

Conclusions. A profile of patients who completed suicide, seen in this trial, was: gender alike (in General Population (GP) the proportion is 2Male/1 female), mostly young, single or separated with sentimental trouble, Major Depression as first diagnosis in almost 60 % of cases like seen in GP. The principal method was hanging. The second was jumping which is fourth in GP. Also, more than a half of patients made at least 3 suicide attempts, and almost a half received treatment and hospitalized. Finally, almost all communicated their intention either by writing or talking also to their own Psychiatrist.

PS280

Dual pathology and suicide attempt in Emergency Room, 2010-2012

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Abstract

Objective: To study incidence of dual pathology in patients with suicide attempt seeing at Emergency Room (ER) in a Peruvian Mental Health Institute during a tri-annual period.

Methods: A descriptive and longitudinal trial, assessing patients at ER with suicide attempts by means of clinical evaluation according DSM IV-RT criteria for establish clinical diagnosis, as well as an instruments for suicide attempt.

Results: From a total of 670 patients who presented suicide attempt, 100 of them (14,9 %) were diagnosed with dual pathology: female 79 (79 %), male: 21 (21 %). Age rank was 18 to 78 years old. The principal conditions of duality were as follows: Depressive disorders and alcoholism: 61 (61 %), Depression and benzodiazepines: 17 (17 %), Depression and psychoactive substances: 6 (6 %), Bipolar disorder and alcoholism: 10 (10 %); Schizophrenia and alcoholism: 3 (3 %), and Anxiety disorders and alcoholism: 3 (3 %).

Conclusion: In this trial, it was found almost 15 % of Dual Pathology in patients with suicide attempt, being Alcoholism the major component in Depression, Bipolar, Schizophrenia and Anxiety Disorders, it is 77 % of sample, mostly in depressive states, also as a relevant condition related to suicide attempt. It is important to take a look to Benzodiazepines as a second condition for suicidal behavior.

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PS281

Lifetime suicidal ideation and attempt in community adults with full major depressive disorder versus only sustained depressed mood

Lifetime suicidal ideation and attempt in community adults with full major depressive disorder versus only sustained depressed mood
Running title: Suicide in MDD and depressed mood

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All authors have agreed to this submission.

This paper is an original work that has not been previously published or submitted for publication elsewhere.

Abstract

Background: Major depressive disorder (MDD) is a well-known risk factor of suicidality but depressed mood has been used non-specifically to describe emotional state. We aimed to compare the influence of MDD and sustained depressed mood without MDD on suicidality.

Methods: A total of 12,532 adults, randomly selected through one-person-per-household method, completed a face-to-face interview using the Korean version of Composite International Diagnostic Interview (K-CIDI) and a questionnaire for lifetime suicidal ideation (LSI) and attempt (LSA).

Results: Of 12,532, 565 were assessed as having depressed mood for more than two weeks without MDD (4.57%), and 810 were full MDD (6.55%). The depressed mood group showed more male, highly educated, more married, higher income, and less psychiatric comorbidities than the MDD group, whereas no significant differences were found in age and living area. The MDD group showed significantly higher odds ratios in LSI and LSA than the depressed mood group, whereas no significant differences were found in the MDD group between with and without depressed mood. MDD showed significant association with LSI (OR=2.80, 95%CI 2.09–3.73) and LSA (OR=2.16, 95%CI 1.33–3.49),

whereas only sustained depressed mood showed neither significant associations with LSI nor LSA after adjusting for psychiatric comorbidities such as anxiety and alcohol use disorder. Interaction effect of depressed mood with MDD was significant for LSI but not for LSA.

Conclusions: Only sustained depressed mood without MDD was not related to LSI and LSA after adjusting for psychiatric comorbidities, whereas MDD was significantly associated with both regardless of presence of depressed mood.

Keywords: Depressed mood; Major depressive disorder; Suicidal ideation; Suicide attempt

PS282

Prevalence of mental disorders in suicide

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Abstract

In contrast to the previous studies reporting that most suicides occur among people with mental disorders, recent studies have reported various rates of mental disorders in suicide in different geographical regions. We aimed to comprehensively investigate the factors influencing the variation in the prevalence of mental disorders reported among suicide victims. The authors searched Embase, Medline, Web of Science, and the Cochrane Library to identify psychological autopsy studies reporting the prevalence of any mental disorders among suicide victims. A meta-regression analysis was conducted to identify the potential effects of geographical regions, the year of publication, measurements of personality disorder, measurements of comorbidity, and the ratio of females on the prevalence of mental disorders in addition to examining the heterogeneity across studies. From 4475 potentially relevant studies, 48 studies met eligibility criteria, with 6626 suicide victims. The studies from East Asia had a significantly lower mean prevalence (69.6% [95% CI=56.8 to 80.0]) than those in North America (88.2% [95% CI=79.7–93.5]) and South Asia (90.4% [95% CI=71.8–97.2]). The prevalence of any mental disorder decreased according to the year of publication (coefficients=−0.0715, $p<0.001$). The prevalence of mental disorders among suicide cases seemed relatively low in the East Asia region, and recently published studies tended to report a lower prevalence of mental disorders. The link between the risk factors and suicide in the absence of a mental disorder should be examined in different geographical and sociocultural contexts. Further studies should investigate possible mediating factors of heterogeneities within all subgroup analyses.